



# SPONSORSHIP RESERVATION FORM

112th Annual Convention ★ April 7-9, 2019 ★ MERITAGE RESORT & SPA, NAPA

## SELECT SPONSORSHIP LEVEL

See Sponsorship Packages Flyer for details.

PLATINUM SPONSOR  
\$5,000

GOLD SPONSOR  
\$3,000

SILVER SPONSOR  
\$2,000

## SELECT OPTIONAL SPONSORSHIP ENHANCEMENT(S)

Availability of optional enhancement opportunities varies based on Sponsorship Level and carries additional fees, as indicated. Enhancements are limited on a first-come, first-served basis.

ENHANCEMENT	RATE	AVAILABLE	PLATINUM	GOLD	SILVER
<b>General Assembly / Registration</b>					
<input type="checkbox"/> Sponsor Logo on Goodie Bag	\$550 + mats.	1	★	-	-
<b>Board and Agents' Section Meeting</b>					
<input type="checkbox"/> Meeting Refreshments	\$500	2	-	-	★
<b>Icebreaker Reception</b>					
<input type="checkbox"/> Hosted Bar	\$1,000	2	★	-	-
<input type="checkbox"/> Food Station	\$500	2	★	-	-
<b>Business Program</b>					
<input type="checkbox"/> Food Station	\$500	2	-	★	-
<input type="checkbox"/> Coffee Station	\$500	2	-	★	-
<b>On-Site Convention Program Advertising</b>					
<input type="checkbox"/> Back Cover Ad in Program (8"x5")	SOLD OUT	SOLD OUT	★	-	-
<input type="checkbox"/> Full Page Ad in Program (8"x5")	\$500	2	★	-	-
<input type="checkbox"/> Half-Page Ad in Program (4"x5")	\$300	3	★	★	★
<i>Artwork for ads must be received by March 7, 2019. All ads will be in full color (bleeds allowed); artwork should be a .PDF, .JPG, or .TIF file. Recommended resolution of 300 dpi.</i>					
<b>President's Dinner</b>					
<input type="checkbox"/> Wine Service	\$1,000	1	★	-	-

TOTAL AMOUNT \$ \_\_\_\_\_

**SPONSORSHIP TERMS & AGREEMENT** - By submitting this form, sponsor agrees to remit payment in advance of the Convention and by no later than March 7, 2019. In addition, sponsor agrees that any fees that are not included with the sponsor value as outlined in the Sponsorship Packages (specifically, enhancement opportunities), will be due and payable by the sponsor to either the CLTA or to the hotel. Cancellations will not be accepted or refunded.

PLEASE INITIAL \_\_\_\_\_

## CONTACT INFORMATION

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

## PAYMENT INFORMATION (MAIL FORMS/CHECKS TO: 1215 K Street, Suite 1816, Sacramento, CA 95814)

AMEX  VISA  MasterCard  Check(s) Enclosed

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CSC \_\_\_\_\_

Signature \_\_\_\_\_

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